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Body & Assembly Operations

JAN 18 1994echnical & Transportation Services Environmental Services

AIR TOXICS AND RADIATION 7, 1994 U.S. EPA, REGION V

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal and encapsulation of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to:

Asbestos Notification Coordinator

Air Quality Division

Michigan DNR P.O. Box 30028 Lansing, MI 48090

Wayne County Health Department Air Pollution Control Division

Suite 700, 640 Temple Detroit, MI 48201

MICHIGAN DEPARTMENT OF NATURAL RESOURCES AIR QUALITY DIVISION

NOTIFICATION OF INTENT TO RENOVATE/DEMOLISH

Michigan Department of Public Health ASBESTOS PROGRAM

If Sant Pursuant to: NESHAP, 40 CFR Part 61, Subpart M MAIL TO: ASBESTOS NOTIFIC. COOR. AND U.S. EPA REG. V DNR, AIR QUALITY DIV. 5AC-26-1 Asb. Coor. P.O. Box 30028 230 S. Dearborn Chicago, IL 60604 For Projects In Wayne County Send Notice To: Wayne Co. Health Dept. Air Pollution Control Division Suite 700, 640 Temple, Detroit, MI 48201 If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended MAIL TO: MDPH, DOH-Asbestos Program 3423 N. Logan St., P.O. Box 30195 Lansing, MI 48909	DNR/MDPH USE ONLY Xerox to Fax to:
MDPH Asbestos Project Fee (To obtain 1% Project Fee Multiply total Project Cost by 0.01) Total Project Cost: x 0.01 1% Project Fee:	Plumber Mechanical Builders Lic. # Lic.# Lic.#_ Electrical Lic.#_ Licensing Authority
1. ABATEMENT CONTRACTOR Name Ford Motor Company 3001 Miller Rd, 196 CSB PH (my) Mailing Address City/State/Zip Dearborn, MI 48121 Contact: Fred Vitale Phone:(313) 322-9016 DEMOLITION CONTRACTOR Name Mailing Address City/State/Zip Contact Phone:() 2. NAME OF FACILITY OWNER: Name Ford Motor Company Mailing Address City/State/Zip Dearborn, MI 48121 Contact Fred Vitale Phone:813: 322-9016	PLEASE CHECX ALL THAT APPLY MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice DNR/EPA Emergency Renovation DNR/EPA Demolition - 10 working days notice DNR/EPA Ordered Demolition Date of Notification
4. Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to Indicate Unit of Measure Pipes Ln Ft Ln M Surface Area Sq Ft Sq M 200 Vol. of RACM Off Facility Components Cu Ft Cu M	o be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed to be RACM to be Nonfriable red Encapsulated Asbestos Material Not Removed Category I Category II
ENCAP SITE AND UNTIL PROPER DISPOSAL wet method containment will be used - air monitoring	Start: End: HOD(S) TO BE USED Remove ACM from north LS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ ds in conjunction with a full negative pressure g will be done in accoredance withOSHA regulations g. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY Name: Title: Authority:

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MI-INSPECT

NOTICE OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1 Name: Ford Transportation Services Address: 3001 Miller Rd City: Dearborn State/Z/p: Michigan 18121 Contact Person: Fred Vitale Phone: (313) 322-2016	Name:
Date and hour of emergency: Description of the sudden, unexpected event:	
Explanation of how the event caused unsafe conditions or would	d cause equipment damage or an unreasonable financial burden:
12. Description of procedures to be followed in the event that used	unexpected asbestos is found or previously nonfriable asbestos vder. Approved asbestos abatement procedures, laboratory analysis, abatement, clean-up
3. Procedure, including analytical method, if appropriate, used A recent building asbestos survey identif Any questionable material will be resample.	ito detect the presence of asbestos material:ied this material as asbestos containinged and analyzed.
Inspection during normal business hours. (Required begin	ining has been accomplished by this person will be available for
these regulations.	oper day per violation can be assessed for failure to comply with ure of Owner/Operator) Date

DNR/DPH USE ONLY



Technical and Transportation Services Environmental Services



AIR TOXICS AND RADIATION
BRANCH
U.S. EPA, REGION V
Ford Motor Company
3001 Miller Road, 106 CSB
Dearborn, Michigan 48121

January 24, 1994

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project.

We are providing information related to the removal of asbestos during renovation at the Dearborn Glass Plant located in the Ford Motor Company River Rouge Complex, at 3001 Miller Rd, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 323-0883.

J. D. Preece

copy to:

Asbestos Notification Coordinator

Air Quality Division Michigan DNR P.O. Box 30028 Lansing, MI 48090

Wayne County Health Department Air Pollution Control Division Suite 700, 640 Temple Detroit, MI 48201



Michigan Department of Public Hoalth
ASBESTOS PROGRAM

DNR, AIR QUALITY DIV. P.O. Box 30028 Lansing, MI 48909 For Projects In Wayne County Send Notice To: Wayne Co. Health Dept. Air Pollution Control D Suite 700, 640 Temple, Detroit, MI 48201 If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 13 amended MAIL TO: MDPH, DOH-Asbestos Program 3423 N. Logan St., P.O. Box 30195 Lansing, MI 48909	U.S. EPA REG. V 5AC-26-1 Asb. Coor. 230 S. Dearborn Chicago, IL 60604 Division 5 of 1986, as	Cont'r Insp. This Fy Def. Letter Sent: Entered on Def. Log: FOLLOW UP Date: Notification # Comments: Spoke w/	Fax to: Rec'd Date: Notific. Rev'd OK Resp. Due: Entered on Rec'd Log Rev. Due: Transaction	
MDPH Asbestos Project Fee (To abtain 1% Project Fee Multiply total Project Cost by 0.01) 1% Project Fee	x 0.01	Plumber Lic. # Electrical Lic.#	Mechanical Lic. #Licensing Author	Builders Llc.# prity
1. ABATEMENT CONTRACTOR Name Ford Motor Company 3001 Miller Rd, 106 City/State/Zip Dearborn, MI 48121 Contact: J. D. Preece Phone:(3 DEMOLITION CONTRACTOR Name Mailing Address City/State/Zip Contact Phone:(2. NAME OF FACILITY OWNER: Name Ford Motor Company Mailing Address City/State/Zip Contact Dearborn, MI 48121 Contact J. D. Preece Phone:8	CSB 13) 323 0883	MDPH-Demo, Ren- DNR/EPA Renovati DNR/EPA Demolitic DNR/EPA Ordered Date of Notification Date of Revision (If Is Asbestos Presen Type of Notification 3. FACILITY DESCRIPT Building Name Street Address 3. City Dearborn State MI Site Location Descript	o, Encap. (>10 Ln ft or 15 s on (>260 Ln ft or 160 sq ft) or 160 sq ft) or 10 working days notice Demolition applicable) The Original Elon arborn Glass Pond Miller Rd. Zip Code 48121 arborn - Rouge (q ft) 10 day notice 10 working days notice No
Approximate Amount Of Asbestos Including: Reg Indicate Unit of Mea	gulated ACM (RACM) to RACM remove	to be RACM to be	Nor	friable
Pipes Ln Ft Ln M	1	· .		
Surface Area Vol. of RACM Off Facility Components Sq Ft Sq N Cu Ft Cu I				
5tart: 2/	AP WORK, AND MET	: 2/6/94 HOD(S) TO BE USED ACT	Demolition Start: Mill be remove	End: ed from the Lehr
Street Address:	GINEERING CONTRO Wet methods Ir monitoring	LS TO BE USED TO PREVE in conjunction wi will be done in B. IF DEMO ORDERED BY A Name:	th a full negate accordance with A GOVERNMENT AGENC	tive pressure 1 OSHA regulations Y, IDENTIFY AGENCY

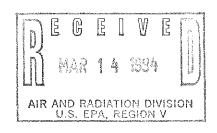
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MITINSBECT

NOTICE OF INTENT TO RENOVATE/DEMOLISH (continued)

9. Waste Transporter #1	10. Waste Transporter #2
Name: Ford Transportation Services Address: 3001 Miller Rd City: Dearborn State/Zip: Michigan 18121 Contact Person: J. D. Preece Phone: (313)323-0883	Contact Person:
11. For Emergency Renovations	
Description of the sudden, unexpected event:	
Explanation of how the event caused unsafe conditions or v	would cause equipment damage or an unreasonable financial burden:
12. Description of procedures to be followed in the event the material becomes crumbled, pulverized, or reduced to will be followed, including bulk sampland air monitoring.	hat unexpected asbestos is found or previously nonfriable asbestos powder. Approved asbestos abatement procedures ing, laboratory analysis, abatement, clean-up
A recent huilding ashestos survey ident	used to detect the presence of asbestos material: tified this material as asbestos containing. mpled and analyzed.
14. I certify that an individual trained in the provisions of the demolition or renovation and evidence that the required inspection during normal business hours. (Required be	als regulation (40CFR Part 61, Subpart M) will be on-site during the distribution training has been accomplished by this person will be available for eginning November 20, 1991).
	gnature of Owner/Operator) 1/24/94 Date
these regulations.	5,000 per day per violation can be assessed for fallure to comply with 2. 1. 1/24/94 gnature of Owner/Operator) 1/24/94





Technical & Transportation Services
Power and Utility Operations

March 11, 1994

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal and encapsulation of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to: Asbestos Notification Coordinator

Air Quality Division

Michigan DNR P.O. Box 30028 Lansing, MI 48090

Wayne County Health Department Air Pollution Control Division

Suite 700, 640 Temple Detroit, MI 48201

NOTIFICATION AIR QUALITY DIVISION OF INTENT TO RENOVATE/DEMOLISH

Michigan Department of Public Health **ASBESTOS PROGRAM**

If Sent Pursuant to: NESHAP, 40 CFR Part 61, Subpart M MAIL TO: ASBESTOS NOTIFIC. COOR. AND U.S. EPA REG. V DNR, AIR QUALITY DIV. 5AC-26-1 Asb. Coor. P.O. Box 30028 230 S. Dearborn Lansing, MI 48909 Chicago, IL 60604 For Projects In Wayne County Send Notice To: Wayne Co. Health Dept. Air Pollution Control Division Suite 700, 640 Temple, Detroit, MI 48201 If Sent Pursuant to: Sec. 220(1-4) or (8), Public Act 135 of 1986, as amended MAIL TO: MDPH, DOH-Asbestos Program 3423 N. Logan St., P.O. Box 30195 Lansing, MI 48909 MDPH Asbestos Project Fee Total Project Cost:	DNR/MDPH USE ONLY Xerox to Fax to: Postmark Date: Rec'd Date: Cont'r Insp. This Fy Notific. Rev'd OK Send Def Letter: Def. Letter Sent: Resp. Due: Att'd: Entered on Def. Log: Entered on Rec'd Log: FOLLOW UP Date: Rev. Due: Att'd: Notification # Transaction # Comments: Spoke w/ Licensed Asbestos Abatement Contractors # Plumber Mechanical Builders
(To obtain 1% Project Fee Multiply total Project Cost by 0.01) 1% Project Fee:	Lic. #Lic. #Lic.#Lic.#Lic.#
1. ABATEMENT CONTRACTOR Name Ford Motor Company 3001 Miller Rd, 106 CSB City/State/Zip Dearborn, MI 48121 Contact: Vitcle Phone:(313) 3229016 DEMOLITION CONTRACTOR Name Mailing Address City/State/Zip Contact Phone:() 2. NAME OF FACILITY OWNER: Name Ford Motor Company Mailing Address City/State/Zip Dearborn, MI 48121 Contact Phone:(813);	MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice DNR/EPA Emergency Renovation DNR/EPA Demolition - 10 working days notice DNR/EPA Ordered Demolition Date of Notification 3 11 94 Date of Revision (if applicable) Is Asbestos Present? Type of Notification Original Revised Cancelled 3. FACILITY DESCRIPTION Building Name Street Address 3001 Miller Rd Fir/Rm No. City Democratic County Mayre State M Zip Code 1021 Age (In yrs) 15 Site Location Building Size (sq ft) No. of floors Present Use Power house
Approximate Amount Of Asbestos Including: Regulated ACM (RACM) to Indicate Unit of Measure RACM removes	to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed to be RACM to be Nonfriable ved Encapsulated Asbestos Material Not Removed Category I Category II
Pipes	
Surface Area ⊠ Sq Ft □ Sq M 300	
Vol. of RACM Off Facility Components	
6. DESCRIPTION OF PLANNED DEMO/RENO/ENCAP WORK, AND MET Those of ceiling and old ceiling of locker of 7. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTRO ENCAP SITE AND UNTIL PROPER DISPOSAL Wet methods Contaminate will be used. Are mondoing will 8. WASTE DISPOSAL SITE NAME: Allen Park Clay Mine Street Address: 17005 Oakwood Blvd	End: HOD(S) TO BE USED Remove A C.T. from ditt work HOD(S) TO BE USED Remove A C.T. from ditt work LS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ LS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ LS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ LS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ LS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/ LS TO BE USED TO

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MI - INSBECT

NOTICE OF INTENT TO RENOVATE/DEMOLISH (continued)

Date and hour of emergency: Description of the sudden, unexpected event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or the followed in the financial burden: Explanation of how the event caused unsafe conditions or the followed in the financial burden: A procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: A recent building asbestos survey identified this material as asbestos containing. Any questionable material will be resampled and analyzed. I certify that an individual trained in the previsions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991). (Signature of Owner/Operator) Date 5. I certify that the above information is correct. Up-to \$25,000 per day per violation can be assessed for failure to comply with these regulations.	9. Waste Transporter #1	10. Waste Transporter #2
Address: 301 Miller Rd City: Dearborn State/Zip: Michigan 1812: Contact Person: F Vide Phone: (313) 3229000 Contact Person: Phone: (313) Contact Person: Phone: (413)	Ford Transportation Services	
City: Dearborn State/Zip: Michigan 18121 Contact Person: F Vitak Phone: (313) 322 9011 1. For Emergency Renovations Date and hour of emergency: Description of the sudden, unexpected event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material; be followed, including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring. 3. Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: A recent building asbestos survey identified this material as asbestos containing. Any questionable material will be resampled and analyzed. 4. I certify that an individual trained in the previsions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991). (Signature of Owner/Operator) Date 5. I certify that the above information is correct. Up-to \$25,000 per day per violation can be assessed for failure to comply with these regulations.	Name: 3001 Miller Rd	
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A recent building asbestos survey identified this material as asbestos containing. Any questionable material will be resampled and analyzed. 4. I certify that an individual trained in the provisions of this regulation (40CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours. (Required beginning November 20, 1991). (Signature of Owner/Operator) Date 5. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.	3. Procedure, including analytical method, if appropriate, use	d to detect the presence of asbestos material:
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5. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.	demolition or renovation and evidence that the required tra	aining has been accomplished by this person will be available for
5. I certify that the above information is correct. Up to \$25,000 per day per violation can be assessed for failure to comply with these regulations.		od Jan 3/11/94
these regulations. Aud Utobs 3 11 34	(SIgna	ture of Owner/Operator) Date
these regulations. Aud Utobs 3 11 34		,
these regulations. Aud Utobs 3 11 34	5. I certify that the above information is correct. Up-to \$25.0	00 per day per violation can be assessed for failure to comply with
	/Clana	0 330 = 3

DNR/DPH USE ONLY





Technical & Transportation Services
Power and Utility Operations

August 12, 1994

U.S. EPA, Region 5 AT-18J, Asbesto Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during two renovation projects at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F.\Vitale

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195 Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

Contractor License Numbers: Asbestos Abatement. Building: Electrical: Plumbing: Building: Buildi	Ok Send Def Ltr. FOLLOW UP:// Comments: Notific. No.: Calculate MDPH Asbestos Project F	Trans. No.:	Name: FO Mailing Ad City/State/ Contact: 4. DEMOLIT Name: Mailing Ad City/State/	rd Motor Co Podress: 3001 Miller Zip: Dearborn, MI F. Vitale Rm 410p ONCONTRACTOR Idress: Zip:	48121 hone: (313) 322-9016
Please check all that apply: MDH Demo, Reno, Encap. (-10 Ln. ft/15 Sq. ft) 10 day notice Inference (-10 Ln. ft/15 Sq. ft) 10 day notice (-10 Ln. ft/15 Sq. ft/15 Sq. ft/1	(Total Project Cost) Contractor License Numbers: Asbestos Abatement: Electrical: Mechanical: Licensing Authority: 1. NOTIFICATION Date of Notification:	(1% Project Fee) Building: Plumbing:	5. FACILITY Name: FC Mailing Ac City/State Contact:	OWNER ord Motor Co Poddress: 3001 Miller Zip: Dearborn, MI F. Vitale	ntemal Proj. No. ower & Utility Ops. Rd. 48121 Phone: (313) 322-9016
2. PROJECT SCHEDULE * Renovation: Start Date: End Date:	Please check all that apply: MDPH Demo, Reno, Encap. (>10 Ln. Emergency Renovation/Encap NESHAP (DNR/U.S.EPA) Planned Renovation Emergency Renovation Scheduled Demolition above of Scheduled Demolition below of	ft/15 Sq. ft) 10-day notice sulation U.S. EF	S AND AND Negrest MERANCH City: Dec Size: (sq. Age: Specific I	Address: 300) Miller Arborn Cour ft.) No. of Floo Present Use: Location(s) Within Facility:	& Dix aty: Wayne State: MI prior Use:
schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc. 10. IS ASBESTOS PRESENT? Yes No Estimate the amount of asbestos: Include Regulated Asbestos Containing Material (RACM) to be removed, disturbed, and/or encapsulated, etc. Also include in the right hand two columns below the amount of non-friable Cat. I and/or Cat. II ACM that will not be removed prior to demolition. RACM to be RACM to be Removed Encapsulated Removed Encapsulated Non-friable ACM not removed before Demo. Category I Category II Unit of Measure Sq. Ft. Sq. M.	* Renovation: Start Date: End Date: + Asb. Removal: Start Date: End Date: + Demolition: Start Date: End Date: End Date: End Date: End Date: * Includes setup, building contain Work Schedule: Please indicate work hours for the purpose of so Days of th Asb. Removal: Demolition: Encapsulation: + Check here if this is a multi	nment, etc., but not removing e the anticipated days of the heduling a compliance inspere Week Work Hou	Name: Location City/State -8. WASTE Name: F Address City/State Phone: (week and ction. urs ORDER! DNR or NES! must acc State of the control	Address: 17005 Oakwerzip: Dearborn, MI 4812 313 322-9016 ED DEMOLITIONS: (See gun VCAPCD at the addresses I AP definition of "Ordered I company this notification.) Interconference of the person Signing Order.	WASTE TRANS. 2 WASTE TRANS. 2
RACM to be Removed Encapsulated Non-friable ACM not removed before Demo. Category I Category II Unit of Measure Ln. Ft. Ln. M. Sq. Ft. Sq. M.	schedule showing the start indicate if it is for asbestos 10. IS ASBESTOS PRESENT? Estimate the amount of asbestos	and end dates of each phas removal, demolition, etc. Yes No tos: Include Regulated Asbe	Date of Date o	Order: Date (RACM) to be removed, dis	te Ordered to Begin:sturbed, and/or encapsulated, etc.
	RACM to be Removed	RACM to be	Non-friable ACM not	removed before Demo.	Unit of Measure Ln. Ft. Ln. M. Sq. Ft. Sq. M.

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11.	PROJECT DESCRIPTION	English State of		
	a)Renovation: Indicate the surfaces RAC	M will be removed from.	Encapsulation (for MDPH): Indical	e surfaces to be encapsulated:
	· · · · · · · · · · · · · · · · · · ·	er(s) Tank(s)	Piping Fittings	Boiler(s) Tank(s)
-		nel(s) Ceiling Tile(s)	Beam(s) Duct(s)	Tunnel(s) Ceiling Tile(s)
	Other: (describe)	·	Other: (describe)	
	<u>, </u>		<u> </u>	
٠	b) Method of removal: Describe how the	asbestos will be removed fr	om the surface (example: glove bag, scra	ape with hand tools, cut in
	sections and carefully lower, etc.):	emoved and placed	in bases or into vac-los	dec and then into
	ban-s	STORE OF THE PERSON OF THE PER	J 31 , 11 , 15 , 15	77. 37.34
				
	- c)Demolition: Describe method of demol	tion and indicate if complete	or nartial demolition (If nartial describe w	hich part will be demolished)
	7-311-311-311-311-311-311-311-311-311-31		or britain desired. An britain describe in	mior pare triii do comeilorida.
	• · · · · · · · · · · · · · · · · · · ·	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	
12.	2. ENGINEERING CONTROLS: Describe w	ork practices and engineering	controls used to prevent visible emission:	s before, during, and after
	removal and until proper disposal: Wet			
			ll be done in accordance v	
	regulations.			
-	<u>regarderons:</u>			
13.	B. UNEXPECTED ASBESTOS: Describe pr	- · ·	The state of the s	
•	asbestos becomes friable (crumbled, pulv	· · · · · · · · · · · · · · · · · · ·		
			ding bulk sampling, labora	atory analysis,
	abatement, clean-up and a	ir monitoring.		
14.	I. PROCEDURE(S) USED TO DETECT THE	PRESENCE OF ASBESTOS	: Indicate how you determined whether or a	not asbestos is in the facility. If
• • • •				
	analytical sampling was used, describe m			
	aspestos-containing. Any	questionable mater	ial will be resampled and	analyzea.
15.	5. EMERGENCY RENOVATIONS: Date and	hour of the emergency:		
	Description of the sudden, unexpected ev	ent:		
			•	
	Explain how the event caused unsafe co	ditions would cause equipm	ent damage and/or an unreasonable finan	icial hurden:
	and the state of t	-	on admage and/or an amedernation initial	
16	5. I certify that an individual trained in the pro	wisions of 40 CEP Part 61 S	shoot M. will be on-site during the renoval	ion and during demolition
, .	involving RACM above the cutoff and/or of			
	available for inspection during normal bus			, and part of the
) }
	A III Hotel	Olitar	La I I Title	9/1/194
	- MUMO	200101	- TUR VILOU	0//3///
	Signature of Owner or Abatement Contract	tor ' ¹ Date	Signature of Owner or Demolition Contra	actor ' l'Date
		•		
17.		with Negative Pressure E	nclosures: (required by Michigan De	ept. of Public Health)
	Persection 221 (1)(2) of P.A. 135 of 1986, as amended, c			
	which is performed within a negative pressure enclosur performed on this project.	s. I (the building owner or lessee) have:	neen aavisea ny ina contractoror my responsibility unde	r Act 1-15 to have clearance air monitoring
	6 VIIIV		_	
	Signature of Building Owner or Lessee		6'	
-	Signature of Editoring Owner or Lasses	•	Signature of Asbestos Abatement Contractor Repres	entative
	NOTE: For affected projects, this section on the notific	ation form must be signed when the pa	oject notification form is submitted to MDPH.	
M	MAILING ADDRESSES: (For guideline	on how to complete this for	a contact the concentrate MICHICAN age	noine heleur)
N1				i
		tos Coord. DNR, AQD	NESHAP Projects in Wayne Co.:	U.S. EPA, Region 5
		Center, Ste. B, #200 OR		AND AT-18J, Asbestos Coord.
S	=	Capitol	640 Temple, Suite 700	77 W. Jackson Blvd.
	Lansin	ng, MI 48933	Detroit, MI 48201	Chicago, IL 60604
_	0 000/4 45 /05			-
		H, DOH-ASBESTOS PROGRAM	.	
i		N, Logan/Martin L. King Jr. Bl	rd.	
1	1986, as amended P.O. E	30195	• • •	
	-	ng, MI 48909 (517) 335-9482	•

DD 5561 /--- 12/02)

OH 142 (rov. 12/03)

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPHUSE	ONLY			3. ABATEMENT	CONTRACTOR	Internal Proj. No
Postmark Date:		Rec'd Date:		Name: Ford	Motor Co P	ower & Utility Ops.
Ok	Send Def Ltr.	Date Def Ltr. Sent:		Mailing Addre	ss: 3001 Miller	Rd.
FOLLOW UP:		Spoke w/:		City/State/Zip:	: Dearbo <u>rn</u> , MI	48121
Comments:		·		Contact: F.	Vitale Rm 410	Phone: (313) 322-9016
				4. DEMOLITION	CONTRACTOR	Internal Proj. No.
Notific. No.:		Trans. No.:		Name:	<u>.</u>	
Calculate MDPH Asbe	otos Brolost			Mailing Addre		
Calculate MDL'U Y206	stos Project	ree: -			:	
	x (Phone: ()
(Total Project Cos	t)	(1% Project Fee)	a aa aa ah ah ah			I
Contractor License	Numbers:			5. FACILITY OV		Internal Proj. No.
Asbestos Abatemen	t	Building:				Power & Utility Ops.
Electrica	l <u>:</u>	Plumbing: AUG i	- (1-19 04	Mailing Addre	ess: 3001 Miller	Rd.
Licensing Authorit	l:		* 100	City/State/Zip	Dearborn, Mi	48121
		AIR TURIUR I	W. 1 PK 1	-		Phone: (313) 322-9016
NOTIFICATION Date of Notification	, slict	974 U.S. EPA,	REGION	M		
				6. FACILITY DE	ESCRIPTION O	C4 (10)
Notification Type:	Original [Revised Cancelled] Annual	Facility Name	or Number): Toure	nove-Boiler #3
Please check all	that apply:			Location Ad	dress: <u>3001 Mille</u>	C LOOK
MOPH		:			. 34:11	c s Div
		. ft/15 Sq. ft) 10-day notice	ļ	Nearest Majo	or Crossroad: Miller	Wayne at MT
Emergency Ro		psulation		City: Dear	OUT CO	unty: Wayne State: MI cors: Floor No.: 3
Planned Rend		king days notice	,			Prior Use: Boile
Emergency R		1.77.40				Beiler #3 - west side
		cutoff- 10 working days notic cutoff - 10 working days notic		_balcon_	The state of the s	1301161 - 3 VIES 31.01
Ordered Dem		outon to <u>marking</u> days note				
2. PROJECTSCHED	ULE	:		7. DISPOSALS	SITE	
* Renoval	ion: Start Date	e:	`-	Name: Fo:	rd Allen Park	Clay Mine Landfill
المام المستعدد والمارية الأسوية الأسارية	End Date		** **	Location Ad	ldress: 17005 Oak	wood Blvd.
 + Asb. Remo 	val: Start Date	: 412194		City/State/Zi	_{p:Dearborn,}	MI 48101
The same of the sa	End Date	-10/6/94			LUADADTED 4	. Iturate to the co
+ Demolit	ion: Start Date				d Trans. Serv.	WASTE TRANS. 2
এই ১০৮ চনে লেক প্রতিক	End Date				001 Miller Rd.	
Encapsula		e:		City/State/7	ip: Dbn., MI 481	21 .
	End Date				3) 322–9016	~·
and the same of th		inment, etc., but <u>not</u> removing		1 Holle, (3)	7 344 3010	
Work Schedule:	Please indica	te the anticipated days of the cheduling a compliance inspe	week and	9. ORDERED	DEMOLITIONS: (See	juidelines, obtainable by contacting
				DNR or WC	APCD at the addresses definition of "Orderer	s listed on the reverse side, Demolition." A copy of the order
Asb, Removal:	Поп -	Fre Sharald	- H-1201	must accom	pany this notification.)	Include the following information:
Demolition:	Sheet I to be a figure .	he Week Work Ho	1 10 - 10 75 120	The section of the se	and the control of th	e e e e e e e e e e e e e e e e e e e
; Encapsulation:	•				cy Ordering Demo:	September 1990
· ·	if this is a mul	ti-phased project. Be sure to	attach a			<u>. </u>
schedule s	howing the sta	rt and end dates of each phas	se and .		·	ate Ordered to Begin:
		s removal, demolition, etc.				
10. IS ASBESTOS F	-	Yes No 🗌				
Estimate the ar	nount of asbe	stos: Include Regulated Asb	estos Cont of non-frieb	aining Material (Roble Cat. Landor Ca	ACM) to be removed, or II ACM that will not	disturbed, and/or encapsulated, etc. be removed prior to demolition.
RACM to		RACM to be			moved before Demo	
Remov		Encapsulated		Category I	Category II	Unit of Measure
		-	_			Ln. Ft. Ln. M.
350			- 			Sq. Ft. Sq. M.
			1			Cu. Ft * Cu. M.*
1						

^{*} Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11.	PROJECT DESCRIPTION AND AND AND AND AND AND AND AND AND AN
	a)Renovation: Indicate the surfaces RACM will be removed from. Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
	Piping Fittings Boiler(s) Tank(s) Piping Fittings Boiler(s) Tank(s)
	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s)
-	Other: (describe)
•	
	b) Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in
	sections and carefully lower, etc.): wit in sections and carefully lowered into boas , or
	Digled in Volt-loader and Placed-in-baus
	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
	The state of the s
42	ENCINEEDING CONTROL C. Describe under province and application control would be control with a principle of the control of the
14.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after
	removal and until proper disposal: Wet methods in conjunction with a full negative pressure
	containment will be used. Air monitoring will be done in accordance with OSHA
	regulations.
42	INTERPRETED ASPECTOS, Describe encoding the followed in the second state of the second
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable
	asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: Approved asbestos
	abatement procedures will be followed including bulk sampling, laboratory analysis,
	abatement, clean-up and air monitoring.
	The state of the s
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If
	analytical sampling was used, describe method: A recent building survey identified this material as
	asbestos-containing. Any questionable material will be resampled and analyzed.
	discisted containing. Any questionable naterial will be resampled and analyzed.
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency:
	Description of the sudden, unexpected event:
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
16.	I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition
	involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be
	available for inspection during normal business hours.
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ĺ	ACT CLAS SISTAY ACT CLAS (1)STAT
	Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date
4	Singature Descriptions and for Descript with Newton Description Francisco by Marine Book of Built Harlin
17.	Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Persection 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet 15 square feet or more of friable material
	which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring
ì	gerformed on this projects.
	hall the shelly
l	7(13)
	Signature of Building Owner or Lessee Signature of Asbestos Abatement Contractor Representative
1	NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.
	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.)
N	ESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5
	O CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord.
1	
3	
	Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604
1 -	200/4 () == (0)
	Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM.
P	tublic Act 135 of 3423 N. Logan/Martin L. King Jr. Blvd.
1	986, as amended P.O. Box 30195
1	Lansing, MI 48909 (517) 335-9482
L	

DR 5661 (ray 12/03)

OH 142 (rev. 12/93



Technical & Transportation Services Power and Utility Operations

April 25, 1994

Rochelle Marceillars
Air Toxics and Radiation Branch (5AT-26)
Air and Radiation Division
U. S. EPA, Region V
230 S. Dearborn
Chicago, Illinois 60604

Subject: Notification of Emergency Removal of Asbestos During a Renovation Project

We are providing information related to the removal and encapsulation of asbestos during an emergency renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. Wayne County Air Pollution Control was notified by telephone at 2:15 p.m. on Friday April 22, before the emergency renovation occurred.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to: Asbestos Notification Coordinator

Air Quality Division

Michigan DNR P.O. Box 30028 Lansing, MI 48090

Wayne County Health Department Air Pollution Control Division

Suite 700, 640 Temple Detroit, MI 48201

Michigan Department of Public Hoalth
ASBESTOS PROGRAM

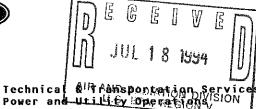
* *	*	
If Sent Pursuant to: NESHAP,	40 CFR Part 61, Subpart M	DNR/MDPH USE ONLY
MAIL TO: ASBESTOS NOTIFIC	, COOR. AND U.S. EPA REG. V	Xerox to Fax to: Postmark Date: Rec'd Date:
DNR, AIR QUALITY E P.O. Box 30028	DIV. 5AC-26-1 Asb. Coor. 230 S. Dearborn	Cont'r Insp. This Fy Notific. Rev'd OK Sond Del Letter:
Lansing, MI 48909		Def. Letter Sent: — Resp. Due: Att'd: —
For Projects In Wayne County Se	end Notice To:	Entered on Def. Log: Entered on Rec'd Log:
Wayne Co. Health De	pt. Air Pollution Control Division le, Detroit, MI 48201	FOLLOW UP Date: Rev. Due: Att'd: Notification # Transaction #
	-4) or (8), Public Act 135 of 1986, as	Comments: Spoke w/
amended		
MAIL TO: MDPH, DOH-Asbesto 3423 N. Logan St., P.		
Lansing, MI 48909	O. DOX 00100	Licensed Asbestos Abatement Contractors #
MDPH Asbestos Project Fee	Total Project Cost	Plumber Mechanical Builders
(To obtain 1% Project Fee Multi	ply Total Project Cost: x 0.01	Lic. # Lic. # Lic. #
total Project Cost by 0.01)	1% Project Fee:	Electrical Lic # Licensing Authority
1. ABATEMENT CONTRACTO	OR	PLEASE CHECK ALL THAT APPLY
Name <u>Ford M</u>	otor Company	
Mailing Address 3001 M	iller Rd, 106 CSB	LIDEU D. D. T. LIAN A. A. MARINE
		MDPH- Demo, Reno, Encap. (>10 Ln ft or 15 sq ft) 10 day notice DNR/EPA Renovation (>260 Ln ft or 160 sq ft) 10 working days notice
City/State/Zip Dear Do	rn, MI 48121	DNR/EPA Emergency Renovation
Contact:	Phone:(313)	DNR/EPA Demolition • 10 working days notice
•		DNR/EPA Ordered Demolition 4 25 9 4
Name Variety	OR	
		Date of Revision (if applicable)
		Is Asbestos Present? Yes No
		Type of Notification Original Revised Cancelled
City/State/Zip		3. FACILITY DESCRIPTION
Contact	Phone:()	Building Name Power house No. 1,
2. NAME OF FACILITY OWN	CD.	Street Address 300) Milke Rd.
Name Ford M	otor Company	Parchala
3001 M	iller Rd,	city Dearborn county Wagne
Mailing Address		State TI Zip Code 48121 Age (In yrs)
City/State/Zip Dearbo	rn, MI 48121	Site Location Boilec#7 tubes
		Building Size (sq ft) No. of ficors N/A
Contact Fred Vital	Q. Phone: B13: 322 9 DI 6	Present Use Boiler #7 Prior Use Boiler #7
4 1		
4. Approximate Amount Of A		to be removed/encap.; Cat. I ACM not removed; and Cat. II ACM not removed ### Nonfriable Nonf
İ	•	oved Encapsulated Asbestos Material Not Removed
		Category I Category II
Pipes		
Surface Area	SqFt SqM 15	
Vol. of RACM Off		
Facility Components	Cu Ft Cu M	
5. SCHEDULED DATES:	Asbestos Removal (Renovation)/I	
	Start: 423 En	d: 423 Start: End:
		NCM for the
6. DESCRIPTION OF PLAN	NNED DEMO/RENO/ENCAP WORK, AND ME	THOD(S) TO BE USED ((move ACT) from tubes in
	10 A PART I SAL	
7. DESCRIPTION OF WOR	K PRACTICES AND ENGINEERING CONTRI	OLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT DEMO/RENO/
Containment wi	M & NYCY	ts. In conjunction with a full negative pressure
8. WASTE DISPOSAL SITE Street Address:	ENAME: ATTENTIAL CIRY MINE 17005 Oakwood Blyd	9. IF DEMO ORDERED BY A GOVERNMENT AGENCY, IDENTIFY AGENCY Name:Title:
		Authority:
City/State/Zip:	Allen Park, MI 48101	Authority: Date Ordered to Begin:

NOTICE OF INTENT TO RENOVATE/DEMOLISH (continued)

OF INTENT TO HENOVA	A LEIDEMOLIST (CONTINUED)
9. Waste Transporter #1	10. Waste Transporter #2
Name: Ford Transportation Services Address: 3001 Miller Rd City: Dearborn	Name:Address:
State/Zlp: Michigan 48121	City:State/Zip:
Contact Person: Phone: (313)	Contact Person: ————————————————————————————————————
1. For Emergency Renovations	
	and been down for renovation. Upon is discovered in the sper heat titles-through red removed in the aspestor whermy the
Explanation of how the event caused unsafe conditions or would The book is scheduled at go on in le pour of the kink for the surely of scheduled downtime of books it may	cause equipment damage or an unreasonable financial burden: ne 4/29 To de low the about of removed a the notetimetron would often significantly the notetimetron would often significantly the notemase to the 18th of the year. The delay
2. Description of procedures to be followed in the event that ur	
material becomes crumbled, pulverized, or reduced to power will be followed, including bulk sampling,	der Approved asbestos abatement procedures laboratory analysis, abatement, clean-up
3. Procedure, including analytical method, if appropriate, used A recent building asbestos survey identifi Any questionable material will be resample	ed this material as ashestos containing
4. I certify that an individual trained in the provisions of this red demolition or renovation and evidence that the required train inspection during normal business hours. (Required beginning)	ning has been accomplished by this person will be available for
(Signatu	re of Owner/Operator) Date
5. I certify that the above information is correct. Up to \$25,000 these regulations.	per pay per violation can be assessed for failure to comply with
/Signatu	re of Owner/Operator) Date

DNR/DPH USE ONLY





July 13, 1994

U.S. EPA, Region 5 AT-18J, Asbesto Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

	· · · · · · · · · · · · · · · · · · ·							
	NR/MDPHUSEONLY			3. ABATEMENT	CONTRACTOR In	ternal Proj. No. \$53		
Postmark Date: Rec'd Date:			Name: Ford Motor Co Power & Utility Ops.					
1.	Ok Send Def Ltr. Date Def Ltr. Sent:			Mailing Address: 3001 Miller Rd.				
ļi	FOLLOW UP:/			City/State/Zip	: Dearborn, MI 4	8121		
	Comments:			Contact: F.	Vitale Rm 410 _{Ph}	one: (313) 322-9016		
1	<u> </u>					temal Proj. No.		
	Notific. No.:	Trans. No.:		Name:				
Calcu	late MDPH Asbestos Project	Fee: -		Mailing Addre	ess:			
		•):			
	(Total Project Cost)	0.01 =	· ·	Contact:	Ph	one: ()		
		(1% Project Fee)	ŀ		tours.	(
	ntractor License Numbers:			5. FACILITY OV		temal Proj. No. ver & Utility Ops.		
AS	bestos Abatement: Electrical:	Building: Plumbing:		Name: FOIC	ess: 3001 Miller F	Sq.		
* - *	Mechanical:			Mailing Addr	ess: 5001 Milier I	18121		
Lic	ensing Authority:			Contact: F	. Vitale	none: (313) 322-9016		
1. I	NOTIFICATION			Contact	PI	ione. () = = = = = = = = = = = = = = = = = =		
	Date of Notification:	3-94	·	6. FACILITY DE	ESCRIPTION			
	Date of Revision(s):	☐ Revised ☐ Cancelled ☐	Annual			wse - loke Ovens		
			, wangai	Location Ad	dress: 3001 Miller	Rd. Tunnel		
	Please check all that apply: MDPH]					
	viD+H ☑ Demo, Reno, Encap. (>10 L	n. ft/15 Sq. ft) 10-day notice			or Crossroad: Miller &			
Į	Emergency Renovation/Enc			city: <u>Dearl</u>	born Count	y: <u>Wayne</u> State: MI		
	NESHAP (DNR/U.S.EPA)	rking days astiss	-	Size: (sq. ft.	.) <u>5000</u> No. of Floor	s: NA Floor No.: NA		
Ĺ	Planned Renovation 10 wo Emergency Renovation	really days flotice				Prior Use: Tunnel		
ĺ	Scheduled Demolition abov	e cutoff- 10 working days notice		Specific Loc	ation(s) Within Facility: 🔀	x tunnel between		
[v cutoff - 10 working days notice	e	XX Bldy & Powerhouse from 2 service lines				
	Ordered Demolition							
2	PROJECTSCHEDULE			7. DISPOSALSITE Name: Ford Allen Park Clay Mine Landfill				
	* Renovation: Start Da	te:		Name: FO	ddress: 17005 Oakwo	od Blvd		
,	+ Ash Demoval: Stan De	e: te: 7-27-94		Location Ad	ip: Dearborn, M	I 48101		
	End Da	te: 9-8-94		- City/State/Z	ih. Transcritt it			
	+ Demolition Start Da	te:		1	ANSPORTER1	WASTE TRANS. 2		
-	End Da	te:	e3:	Name Ford Trans. Serv.				
j 713	Encapsulation: Start Da	te:		Address. 5001 MILIEL NG.				
	End Da	te:			ip: <u>Dbn., MI 48121</u>	1.		
		ainment, etc., but not removing		Phone: (31	3) <u>322-9016</u>	()		
	Work Schedule: Please indic	ate the anticipated days of the	week and	OPPEDED	DEMOLITIONS: (See Suid	elines, obtainable by contacting		
	work hours for the purpose of	scheduling a compliance inspec	ction.	DNR or WC	CAPCD at the addresses lis	ted on the reverse side.		
•	Days of	the Week Work Hou	irs	for NESHAI	Pidefinition of "Ordered De	emolition." A copy of the order clude the following information:		
, -	Asp. Removal:	<u> </u>	Lpm.	Market to a factor	editorio Torono de la suprementa de la composición. Como companio de la composición de la	•		
i			-2 1	Gov't Agen	cy Ordering Demo:			
Encapsulation:			Name/Title	of Person Signing Order:				
	TU Check here if this is a muschedule showing the st	ulti-phased project. Be sure to a art and end dates of each phas	ittach a e and					
schedule showing the start and end dates of <u>each</u> phase and indicate if it is for asbestos removal, demolition, etc.			Date of Or	der: Date	Ordered to Begin:			
10.	IS ASBESTOS PRESENT?	Yes No 🗌		٦٠	- :	-		
	Estimate the amount of asb	estos: Include Regulated Asbe	stos Coni	aining Material (R	ACM) to be removed, distr	urbed, and/or encapsulated, etc.		
	Also include in the right hand t	wo columns below the amount of	f non-frial	ole Cat. I and/or Ca	at. II ACM that will not be	removed prior to demolition.		
]	RACM to be	RACM to be			moved before Demo.	linia of Bloom		
 .	Removed	Encapsulated	<u> </u>	Category I	Category II	Unit of Measure		
· .	600		<u> </u>			Ln. Ft. Ln. M.		
	160					Sq. Ft. Sq. M.		
1	1	l .	r		ī			

^{*} Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11.	PROJECT DESCRIPTION
	a)Renovation: Indicate the surfaces RACM will be removed from. Encapsulation (for MDPH): Indicate surfaces to be encapsulated:
	☑ Piping ☐ Fittings ☐ Boiler(s) ☐ Tank(s)
~ .	Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Duct(s) Tunnel(s) Ceiling Tile(s)
,	Other: (describe) — Other: (describe)
	b)Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in
	sections and carefully lower, etc.): citin sections and carefully lowered onto begs, removed from
İ	floor and placed in bross.
	The property of the state of th
-	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
 	
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after
	removal and until proper disposal: Wet methods in conjunction with a full negative pressure
	containment will be used. Air monitoring will be done in accordance with OSHA
	regulations. (91) 3 entrances will be coaled. Hope fans and vac loader will be used.
-	
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable
٠.	asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: Approved asbestos
}	abatement procedures will be followed including bulk sampling, laboratory analysis,
	abatement, clean-up and air monitoring.
<u></u>	
44	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If
17.	
j	analytical sampling was used, describe method: A recent building survey identified this material as
	asbestos-containing. Any questionable material will be resampled and analyzed.
	·
 	
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency:
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency: Description of the sudden, unexpected event:
15.	
15.	
15.	Description of the sudden, unexpected event:
15.	
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15.	Description of the sudden, unexpected event:
	Description of the sudden, unexpected event: Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
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PR 5661 (rev. 12/93)





Technical & Transportation Services Power and Utility Operations

September 23, 1994

U.S. EPA, Region 5 AT-18J, Asbesto Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing a revision notification related to the removal of asbestos during a renovation project at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. The original notification is included with the revisions noted.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195 Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY
DIV., NESHAP, 40 CFR Part 61, Subpart M
(\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

☐ Cu. Ft* ☐ Cu. M.*

(420,000 perially p	er day per you	don for failure to comply)				*		
		Rec'd Date:		Name: Ford	CONTRACTOR Motor Co	Power & Utility Ops.		
Ok [Send Def Ltr.	Date Def Ltr. Sent:		- Mailing Addres	ss: 3001 Mille	r Rd.		
FOLLOW UP:	1 1	Spoke w/:		City/State/Zip:	Dearborn, M	II 48121		
Comments:				Contact: F.	Vitale Rm 41	Ophone: (313) 322-9016		
				4. DEMOLITION	CONTRACTOR	Internal Proj. No.		
Notific. No.:	4	Trans. No.:		Name:	e arec			
alaulata MDDU A	sheetee Dreiest	Fee:		Mailing Addre				
alculate MDP, I A:	spesios Project	ree: -						
	x	0.01 =				Phone: ()		
(Total Project C	Cost)	(1% Project Fee)	-		<u>:</u>			
Contractor Licer	se Numbers:		* 9	5. FACILITY OV		Internal Proj. No.		
Asbestos Abatem	ent:	Building:	φ*	Name: Ford	Motor Co	Power & Utility Ops.		
	rical:	Plumbing:		Mailing Address: 3001 Miller Rd.				
Mechan				City/State/Zip	: Dearborn, N	MI 48121		
Licensing Author				Contact: F.	Vitale	Phone: (313) 322-9016		
 NOTIFICATION Date of Notifica Date of Revision 	ntion: 8 15	9/33/94		6. FACILITY DE		2 2 2 2		
Notification Typ	e: 🛛 Original	Revised Cancelled	Annual	Facility Name	(or Number): Tour	chove-Boik-#3		
Please check	all that apply:		1	Location Add	dress: <u>300 1111</u>	tec Rook.		
MOPH			- 1		. Mill	ex C Div		
		n. ft/15 Sq. ft) 10-day notice		Nearest Majo	or Crossroad: Mill	er a DIX		
NESHAP (DNR/	Renovation/Enca	ipsulation		City: Dearborn County: Wayne State: MI Size: (sq. ft.) No. of Ficors: Floor No.: 3 Age: 70 Present Use: 60 - Prior Use: 60 -				
	enovation 10 wor	king days notice						
Emergency	Renovation		1					
		e cutoff- 10 <u>working</u> days notic v cutoff - 10 <u>working</u> days notic		Specific Loc		y: Builer #3 - wast side		
☐ Ordered De		Cuton - 10 Working days note	35	DINCERC	1			
2. PROJECTSCH * Reno	IEDULE evation: Start Dat	e: 9 23 94		7. DISPOSAL: Name: FO	rd Allen Park	Clay Mine Landfill		
	End Date	e: 980194		Location Address: 17005 Oakwood Blvd. City/State/Zip: Dearborn, MI 48101 -8WASTETRANSPORTER1 WASTETRANS. 2 Name: Ford Trans. Serv.				
		e: 92 94 10 3	54)					
,	End Dat	e: _1016194-10121	AV					
+ Dem	olition: Start Da	ie:	1 -1/					
en i en sammen die	End Dat	e:						
Encapsi	ulation: Start Da	te:		Address: 3001 Miller Rd.				
ora la		e:		City/State/Zip: Dbn., MI 48121 .				
* Includes set	up, building cont	ainment, etc., but <u>not</u> removing	asbestos	Phone: (31	3) 322-9016	()		
work hours fo	r the numose of	ate the anticipated days of the scheduling a compliance inspe	ction	9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting				
	Days of	the Week Work Ho	urs	for NESHAI	definition of "Order	red Demolition." A copy of the order n.) Include the following information:		
Asb. Remova	1100 -	the Week Work Ho	2 7-12pm	T. The law of	ipany uns nouncation	.,		
, - Demolition	i jan	0 v. Husen iq 10 mm x-283 m25 n. 1 i	4 12 20.00	Gov't Agen	cy Ordering Demo:	The second second		
·Encapsulation	n: ·			Name/Title	of Person Signing Or	der		
+ Check h	nere if this is a mu	Ilti-phased project. Be sure to	attach a	17.353934991 939999		· · · · · · · · · · · · · · · · · · ·		
indicate	if it is for asbesto	art and end dates of <u>each</u> pha os removal, demolition, etc.	se and .	- Date of Or	der	Date Ordered to Begin:		
10. IS ASBESTO	S PRESENT?	Yes 🛚 . No 🗌				1. 1		
Estimate the Also include i	amount of asbein the right hand t	estos: Include Regulated Asb wo columns below the amount	estos Cont of non-friat	aining Material (Role Cat. I and/or Ca	ACM) to be removed	d, disturbed, and/or encapsulated, et ot be removed prior to demolition.		
	l to be	RACM to be			moved before Der			
Rem	oved	Encapsulated		Category I	Category II	Unit of Measure		
. 55						☐ Ln. Ft. ☐ Ln. M.		

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces)

11.	PROJECT DESCRIPTION a)Renovation: Indicate the surfaces RACM will be removed from. Piping Fittings Boiler(s) Tank(s) Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Other: (describe) Duct(s) Tunnel(s) Ceiling Tile(s) Other: (describe) Duct(s) Tunnel(s) Ceiling Tile(s)
	b)Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): cut in Sections and Carefully lowered into bags, or placed in Vac-loade (and Placed in bags
	- c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
12	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Air monitoring will be done in accordance with OSHA regulations.
13	. UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: Approved asbestos abatement procedures will be followed including bulk sampling, laboratory analysis, abatement, clean-up and air monitoring.
14	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey identified this material as asbestos—containing. Any questionable material will be resampled and analyzed.
15	i. EMERGENCY RENOVATIONS: Date and hour of the emergency: Description of the sudden, unexpected event;
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
16	Signature of Owner or Abatement Contractor I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours. Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date
1	7. Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Persection 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project. Signature of Building Owner or Lessee NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.
ī	MAILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.) NESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5 40 CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord Subpart M 333 S. Capitol 640 Temple, Suite 700 77 W. Jackson Blvd. Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604
	Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM. Public Act 135 of 3423 N. Logan/Martin L. King Jr. Blvd. 1986, as amended P.O. Box 30195 Lansing, MI 48909 (517) 335-9482

PR 5661 (rev. 12/93)

OH 142 (rev. 12/93)



OCT 28 1994

Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

October 25, 1994

AIR TOXICS AND RADIATION BRANCH U.S. EPA, REGION V

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of an Emergency Removal of Asbestos -- Revision of the October 13, 1994 Planned Renovation

We are providing information related to the emergency removal of asbestos during a renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan. The original notification was send October 13, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195 Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

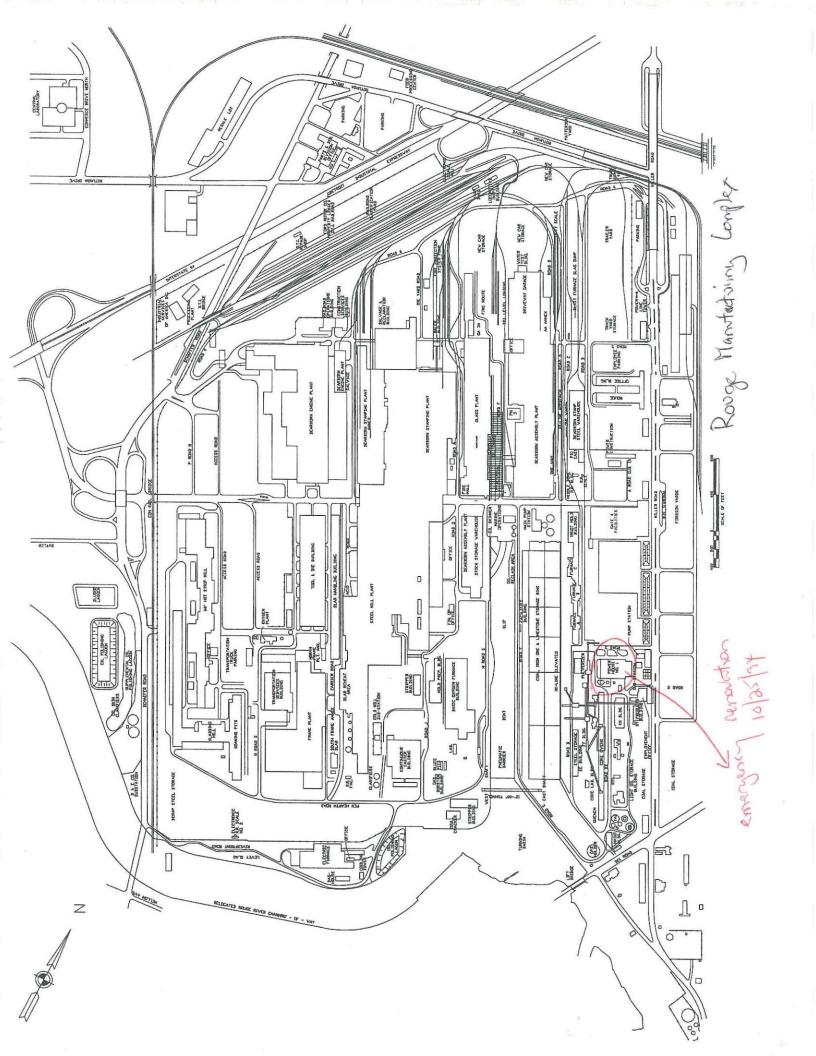
MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

F C	Ok Send Def Ltr	Spoke w/:		Name: Ford Mailing Addre City/State/Zip Contact: F. 4. DEMOLITION Name:	ss:3001 Miller Dearborn, MI Vitale Rm 410	48121 Phone: (313) 322-9016 Internal Proj. No.
	ate MDPH Asbestos Project x Total Project Cost)	0.01 =(1% Project Fee		City/State/Zip	:	Phone: ()
Contractor License Numbers: Asbestos Abatement:			Internal Proj. No. Name: Ford Motor Co Power & Utility Ops. Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121 Contact: F. Vitale Phone: (313) 322-9016 6. FACILITY DESCRIPTION Facility Name (or Number): Power hove & (Location Address: 3001 Miller Rd. Dearborn MI 48121 Nearest Major Crossroad: Miller & Dix City: Dearborn County: Wayne State: MI Size: (sq. ft.) 282 000 No. of Ficers: T Floor No.: 2 Age: 10 Present Use: Power hove Prior Use: Power hove Specific Location(s) Within Facility: **S Grant			
	+ Asb. Removal: Start Da End Da + Demolition: Start Da Encapsulation: Start Da End Da	te:	27/14	Location Ac City/State/Zi -8. WASTETRA Name: For Address: 3 City/State/Z	d Allen Park dress: 17005 Oak Dearbor ANSPORTER1 d Trans. Svcs	m, MI 48101 - WASTE TRANS. 2 8121
Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. Days of the Week Work Hours Asb. Removal: Ton Time Tana 3:30 pm Demolition: Encapsulation: + Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.			DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information: Gov't Agency Ordering Demo: Name/Title of Person Signing Order: Name/Title of Person Signing Order:			
10.	IS ASBESTOS PRESENT? Estimate the amount of asb	Yes X No O	estos Cont	aining Material (Rolle Cat. I and/or Ca	ACM) to be removed, at. II ACM that <u>will</u> no	disturbed, and/or encapsulated, etc. tbe removed prior to demolition.
	RACM to be Removed	RACM to be Encapsulated		ble ACM not re Category I	moved before Dem Category II	Unit of Measure
	80		2 4			

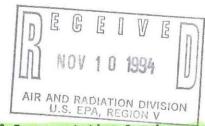
^{*} Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

11.	PROJECT DESCRIPTION -			*. <u></u> 1	•	
	a)Renovation: Indicate the surface	es RACM will be removed from.	1	Encapsulation (for MDPH): Indi	cate surfa	ces to be encapsulated:
ist.	Piping Fittings	Boiler(s) Tank(s)		Piping Fittings	Boiler	(s) Tank(s)
100		Tunnel(s) Ceiling Tile(s))	Beam(s) Duct(s)	Tunne	el(s) Ceiling Tile(s)
	Other: (describe) Valve		_	Other: (describe)		
	b)Method of removal: Describe h	now the asbestos will be removed	d from t	he surface (example: glove bag, s	crape with	hand tools, cut in
•	sections and carefully lower, etc	wipe and vacuum con	0015,	cut in sections with	n hand	tools and
	carefully lower, wet	wipe and vacuum con	Laille	lated Surfaces.		
	. ==	-1 11 -		······································		*
974 194	c)Demolition: Describe method of	demolition and indicate if comple	ete or pa	artial demolition (If partial, describ	e which pa	rt will be demolished.)
٠					ĝ	
. ••				÷ 9		•;
12.	ENGINEERING CONTROLS: Des	cribe work practices and engineer	ring con	trols used to prevent visible emiss	ions before	, during, and after
	removal and until proper disposal:	Wet methods in conju	uncti	ion with a full negat	ive pre	essure
23	containment will be u	sed. Adequately wet	mate	erial to prevent visi	ole emi	ssions and
	place wet material in	leaktight containers	s tha	at will remain leaktion	ght unt	il landfilled.
40	INITYDEATED LABORATED D					
13.	UNEXPECTED ASBESTOS: Desc					
	asbestos becomes friable (crumble					
	agencies will be re-n		of	inexpected asbestos f	ound is	at least
	20% different than pr	eviously reported.				
14.	PROCEDURE(S) USED TO DETEC	T THE PRESENCE OF ASBESTO	OS: Ind	licate how you determined whether	or not ash	estos is in the facility. If
	analytical sampling was used, des					
		d using the polarized and is considered to			, marer	la' is assumed
		and is considered to	<u>be</u>	RACM.		
15.	EMERGENCY RENOVATIONS: DE	ate and hour of the emergency:	10/21	4/92 11 an		
1	Description of the sudden, unexpe	cted event: A major h	vh.	pressure to low or	resure	stam valve
1	become dystandard a	nd forced forward this	ren	oration.		\
	17/a		*			
	Explain how the event caused uns					
1	of briding comprise			shutdowns becau	a the	y would have
	not be Spokel	low pressure steam	m.			/
16.	I certify that an individual trained in	the provisions of 40 CFR Part 61,	, Subpa	art M, will be on-site during the rend	vation and	during demolition
	involving RACM above the cutoff a	and/or during ordered demolition.	Evidend	ce that the required training has be	en comple	ted by this person will be
	available for inspection during non	mal business hours.				
	7.01111	1 = 1 = 1				
	their that	10/13/97	-			
	Signature of Owner or Abatement	Contractor \ Date	Si	gnature of Owner or Demolition Co	intractor	Date
47						5 1 1 11 11 1
17.	Signature Requirements for Pr Persection 221 (1)(2) of P.A. 135 of 1986, as are	ojects with Negative Pressure	e Enclo	sures: (required by Michigan bestos abatement project involving 10 linears	Dept. of eet/15 square	Public Health)
1	which is performed within a negative pressure					
	performed on this project			. *		
	Signature of Building Owner or Lessee		-			<u> </u>
	Signature of Editoring Owner or Lessee		Sig	nature of Asbestos Abatement Contractor Re	presentative	
	NOTE: For affected projects, this section on	the notification form must be signed when the	he project	notification form is submitted to MDPH.		
M	AILING ADDRESSES: (For gu		form, co	ontact the appropriate MICHIGAN	agencies b	elow.)
N	ESHAP, Mail to:	Asbestos Coord. DNR, AQD		ESHAP Projects in Wayne Co.:		U.S. EPA, Region 5
	0 CFR, Part 61,	Town Center, Ste. B, #200	OR W	/ayne Co. Health Dept., APCD	AND	AT-18J, Asbestos Coord.
S	Subpart M	333 S. Capitol		40 Temple, Suite 700		77 W. Jackson Blvd.
		Lansing, MI 48933	D	etroit, MI 48201		Chicago, IL 60604
S	Sec. 220(1-4) or (8), Mail to:	MDPH, DOH-ASBESTOS PROGR	NAS			* *
	ublic Act 135 of	3423 N. Logan/Martin L. King Jr.		2	(ac)	4
1	986, as amended	P.O. Box 30195				
	<u> </u>		517) 33	35-9482		
PR !	5661 (rev. 12/93)		-			OH 142 (rev. 12/93)

OH 142 (rev. 12/93)







Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

November 7, 1994

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the revision of two notices for the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on October 19, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

f. Vitale

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195 Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

IAWA	,000 penalty per day per viol	addit for failure to comply)				· ·	
	ONR/MDPH USE ONLY Postmark Date: Ok Send Def Ltr FOLLOW UP: / / Comments:	Date Def Ltr. Sent: Spoke w/:	-	Name: Fcro Mailing Addr City/State/Zip	ess:3001 Miller o: Dearborn, MI	48121 Phone: (313) <u>322</u> –9016	
	Notific. No.:	Trans. No.:		Name:	NCONTRACTOR		
Calculate MDPH Asbestos Project Fee:				Mailing Address: City/State/Zip: Contact: Phone: () 5. FACILITY OWNER Name: Ford Motor Co Power & Utility Ops. Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121 Contact: F. Vitale Phone: (313) 322-9016 6. FACILITY DESCRIPTION Facility Name (or Number): Power house No. Location Address: 3001 Miller R sad (see attached map) Nearest Major Crossroad: Mtler & Dix City: Dearborn County: Wayne State: MI Size: (sq. ft.) 182 000 No. of Floors: Thor Floor No.: 3ch Age: TSym Present Use: Power house			
[[[Ordered Demolition	e cutoff- 10 <u>working</u> days notice w cutoff - 10 <u>working</u> days notice		Specific Location(s) Within Facility: 3rd floor Balcory and Side of Boiler #3			
* Renovation: Start Date: # Asb. Removal: Start Date: # Demolition: Start Date: # Demolition: Start Date: # Demolition: Start Date: # End Date: # End Date: # Includes setup, building containment, etc., but not removing asbestos				7. DISPOSALSITE Name: Ford Allen Park Clay Mine Landfill Location Address: 17005 Oakwood Blvd. City/State/Zir Dearborn, MI 48101 -8. WASTETRANSPORTER1 WASTETRANS.2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd. City/State/Zip:Dearborn, MI 48121 Phone: () ()			
* *	Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. Days of the Week Work Hours Asb. Removal: Non - Fr & g - 4 pr Demolition: Encapsulation: + Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc.				DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information: Gov't Agency Ordering Demo: Name/Title of Person Signing Order.		
10.						disturbed, and/or encapsulated, etc.	
	RACM to be Removed	RACM to be Encapsulated	Non-frial		moved before Dem Category II		
	350	10				□ Ln. Ft. □ Ln. M. □ Sq. Ft. □ Sq. M. □ Cu. Ft* □ Cu. M.*	

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11.	PROJECT DESCRIPTION			1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 4	·
• • • •	a)Renovation: Indicate the surface	es RACM will be removed from	ı .	Encapsulation (for MDPH): Ind	icate surfa	ices to be encapsulated:
	Piping Fittings	Boiler(s) Tank(s)		⊠ Piping ☐ Fittings		r(s) Tank(s)
	Beam(s) Duct(s)	Tunnel(s) Ceiling Tile	(s)	Beam(s) Duct(s)	Tunn	el(s) Ceiling Tile(s)
	Other: (describe)			Other: (describe)		
					-	
	b)Method of removal: Describe h					
	sections and carefully lower, etc	:): Scrape with hand	tool	s, cut in sections wit	n hand	tools and
	carefully lower, wet	wipe and vacuum co	ntan	uinated surfaces.		
	<u> </u>		·	<u> </u>		-
				managements, and some and a contract of the co	a a a da la	est will be demoliphed \
	c)Demolition: Describe method of	demolition and indicate if com	olete ol	partial demolition (If partial, describ	e which pa	an will be demolished.)

				· :		• •
12.	ENGINEERING CONTROLS: Des	cribe work practices and engine	eering (controls used to prevent visible emiss	ions before	e, during, and after
	removal and until proper disposal:	Wet methods in cor	מעובנו	tion with a full negat	ive pro	essure
	containment will be u	<u>ised. Adequately we</u>	et ma	terial to prevent visi	ole em	issions and
	<u>place wet material in</u>	<u>leaktight containe</u>	ers t	<u>hat will remain leakti</u>	ght un	til landfilled.
	INTERPOLED LODGER			5	· · · · · · · · · · · · · · · · · · ·	
13.	UNEXPECTED ASBESTOS: Desc					
Ì		•		c.) and therfore regulated: See S		
			ıt_of	unexpected asbestos f	ound_i	s_at_least
	20% different than pr	eviously reported.			• • •	
44	PROCEDURE(S) USED TO DETEC	T THE DECENCE OF ASPES	TOS:	Indicate how you determined whether	or not ash	estos is in the facility. If
14.						
				ling survey was conduct		
				ight microscopy method	, mate	rial is assumed
	to contain asbestos	and is considered t	o be	RACM.		
15	EMERGENCY RENOVATIONS: Da	ate and hour of the emergency.				
10,	Description of the sudden, unexpe					
İ	becomplied of the addition, allexpe	-		•		
	Explain how the event caused uns	safe conditions, would cause ed	uipme	nt damage and/or an unreasonable fi	nancial bu	rden:
	- []		•			
-						
16.	I certify that an individual trained in					
	available for inspection during non		I. EVIC	ence that the required training has be	en compi	sted by this person with be
	01100			•		
1	Lad the	Velaclar			-	
	Signature of Owner or Abatement	Contractor Date		Signature of Owner or Demolition Co	ntractor	Date
	Organization of Officer of August 1997					
17.	Signature Requirements for Pr	olects with Negative Pressu	ire En	closures: (required by Michigan	Dept. of	Public Health)
""	Per section 221 (1)(2) of P.A. 135 of 1986, as am	ended, clearance air monitoring is requir	ed for an	y asbestos abatement project involving 10 linear f	eet/15 square	feet or more of friable material
1	which is performed within a negative pressure performed on this project.	enclosure, I (the building owner or lessee) have be	en advised by the contractor of my responsibility (ınder Act 135	to have clearance air monitoring
	A TIVE	•				
	Signature of Building Owner or Lessee			Signature of Asbestos Abatement Contractor Re	presentative	•
				-	•	
-	NOTE: For affected projects, this section on			· · · · · · · · · · · · · · · · · · ·		
	AILING ADDRESSES: (For gu		is form		agencies t	
	IESHAP, Mail to:	Asbestos Coord, DNR, AQD		NESHAP Projects in Wayne Co.:		U.S. EPA, Region 5
1	0 CFR, Part 61,	Town Center, Ste. B, #200	OR	Wayne Co. Health Dept., APCD	AND	AT-18J, Asbestos Coord.
5	Subpart M	333 S. Capitol		640 Temple, Suite 700		77 W. Jackson Blvd.
		Lansing, MI 48933		Detroit, MI 48201		Chicago, IL 60604
] ,	Sec. 220(1-4) or (8), Mail to:	MDPH, DOH-ASBESTOS PRO	GRAM	•		
1	Public Act 135 of	3423 N. Logan/Martin L. King		·		
1	986, as amended	P.O. Box 30195	51. DIV	••		
Ι΄	and amonate	Lansing, MI 48909	(517)	335-9482		

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

the second second						
DNR/MDPH USE ONLY Postmark Date: Ok Send Def Ltr. FOLLOW UP: / / Comments:	Rec'd Date: Date Def Ltr. Sent: Spoke w/:		Name: Fcrd Mailing Addre City/State/Zip	ss:3001 Miller Dearborn, MI		
Notific. No.:alculate MDPH Asbestos Project Fe	Trans. No.:		Name: Mailing Addre	CONTRACTOR ess:		
(Total Project Cost) x 0.0	01 =		Contact:		Phone: ()	
Contractor License Numbers	(1% Project Fee)		5. FACILITY OV	VNFR	Internal Proj. No.	
Asbestos Abatement: Building: Plumbing: Plumbing: Licensing Authority: NOTIFICATION			Name: Ford Mailing Addre City/State/Zip	Motor Co Poss: 3001 Miller Dearborn, MI	ower & Utility Ops. Rd.	
Date of Notification: 10 19 9 Notification Type: 1 Original Please check all that apply:	Revised Cancelled	Annual	6. FACILITY DESCRIPTION Facility Name (or Number): Powerhouse No. 1 Location Address: 300 Miller Road (See attacked map)			
MDPH Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice Emergency Renovation/Encapsulation NESHAP (DNR/U.S.EPA) Planned Renovation 10 working days notice Emergency Renovation Scheduled Demolition above cutoff- 10 working days notice Scheduled Demolition below cutoff - 10 working days notice Ordered Demolition			Nearest Major Crossroad: Milier & Dix City: Dearborn County: Wayne State: MI Size: (sq. ft.) 282,000 No. of Floors: 7 Floor No.: 2nd Age: 75 Present Use: Power house Prior Use: Power house Specific Location(s) Within Facility: 75 generator back stop Valve			
. PROJECTSCHEDULE			7. DISPOSALS		91	
* Renovation: Start Date: End Date:			Name: Ford Allen Park Clay Mine Landfill Location Address: 17005 Oakwood Blvd.			
+ Asb. Removal: Start Date:	11/194 11/11/91	+	City/State/Zip Dearborn, MI 48101			
+ Demolition: Start Date: - End Date: - End Date:			-8. WASTETRANSPORTER1 WASTETRANS. 2 Name: Ford Trans. Svcs.			
Encapsulation: Start Date: End Date:			Address: 3 City/State/Z	001 Miller Rd. p:Dearborn,MI48	3121 .	
* Includes setup, building contain	ment, etc., but <u>not</u> removing a	sbestos	Phone: ()	()	
Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. Days of the Week Work Hours Asb. Removal: 100 - FM 8 m - + pm Demolition: Encapsulation: + □ Check here if this is a multi-phased project. Be sure to attach a			- DNR or WCAPCD at the addresses listed on the reverse side,			
indicate if it is for asbestos	and end dates of each phase removal, demolition, etc.	and .			ate Ordered to Begin:	
	Yes X No Cost Include Regulated Asbest Columns below the amount of	stos Conta f non-friable	ining Material (R e Cat. I and/or Ca	ACM) to be removed, out. If ACM that will not	disturbed, and/or encapsulated, etc. be removed prior to demolition.	
RACM to be Removed	RACM to be Encapsulated		ole ACM not re ategory I	moved before Demo Category II	Unit of Measure	
16					 ✓ Ln. Ft. ☐ Ln. M. ✓ Sq. Ft. ☐ Sq. M. 	
<i>D</i> .)					<u> </u>	

* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

i1.	PROJECT DESCRIPTION							
• • •	a)Renovation: Indicate the surface	es RACM will be removed from	Encapsulation (for MDPH): Indicate surfa	ces to be encapsulated:				
	⊠ Piping ☐ Fittings ☐	Boiler(s) Tank(s)	➢ Piping	<u> </u>				
	Beam(s) Duct(s)	Tunnel(s) Ceiling Tile(s)		el(s) Ceiling Tile(s)				
	Other: (describe)		Other: (describe)	si(s)Ociling Tile(s)				
	Other. (describe)		Outer, (describe)					
:			m the surface (example: glove bag, scrape with					
	sections and carefully lower, etc	:): Scrape with hand too!	s, cut in sections with hand	tools and				
	carefully lower, wet	wipe and vacuum contan	ninated surfaces.					
•••				•				
•			magazan saadi ya in shirati ya in in shirati ka in shirati wa masa wa shirati wa shirati wa shirati wa shirati	· -				
	c)Demolition: Describe method of	demolition and indicate if complete or	r partial demolition (If partial, describe which pa	art will be demolished.)				
		:						
				·;				
1Ż.	ENGINEERING CONTROLS: Des	cribe work practices and engineering	controls used to prevent visible emissions before	e, during, and after				
	removal and until proper disposal:	Wet methods in conjunc	tion with a full negative pro	essure				
	containment will be u	used. Adequately wet ma	terial to prevent visible em	issions and				
	place wet material in	leaktight containers t	hat will remain leaktight unt	il landfilled.				
13.			n the event that unexpected RACM is found or p					
-	asbestos becomes friable (crumble	ed, pulverized, reduced to powder, et	c.) and therfore regulated: See Section	12 Appropriate				
		agencies will be re-notified if theamount of unexpected asbestos found is at least						
		0% different than previously reported.						
14.	PROCEDURE(S) USED TO DETEC	T THE PRESENCE OF ASBESTOS:	Indicate how you determined whether or not asb	estos is in the facility. If				
	analytical sampling was used, desc	cribe method: A recent build	ling survey was conducted and	all suspect				
			ight microscopy method, mate					
		and is considered to be						
		THE TO CONDUCTED TO IN						
15.	EMERGENCY RENOVATIONS: DE	ate and hour of the emergency:						
	Description of the sudden, unexpe	cted event:						
		-						
	_							
	Explain how the event caused uns	safe conditions, would cause equipme	nt damage and/or an unreasonable financial bu	rden:				
	- 11							
4.5								
16.	involving PACM above the cutoff of	the provisions of 40 CFR Part 61, Sui	bpart M, will be on-site during the renovation and lence that the required training has been comple	during demolition				
	available for inspection during nor	moror during ordered demontion. Evid mal business hours	ence that the required training has been comple	ited by this person will be				
		1						
	to all the	Micley						
	Signature of Owner or Abatement		Signature of Owner or Demolition Contractor	Dete				
_	Signature of Owner of Abatement	Contractor Date	Signature of Owner or Demonstron Contractor	Date				
17	Signature Beguirements for De	piece with Namedius Description	alanian familia by Michigan Dank of	Dublic Health)				
17.	Persection 221 (1)(2) of P.A. 135 of 1986, as arr	ojects with Regative Pressure En rended, clearance air monitoring is required for an	closures: (required by Michigan Dept. of yabestos abatement projectinvolving 10 linearfeet/15 square	feetormore of friable material				
	which is performed within a negative pressure		een advised by the contractor of my responsibility under Act 135					
	performed on Dis project	•						
	The Court							
	Signature of Building Owner or Lessee	•	Signature of Asbestos Abatement Contractor Representative					
	NOTE: For affected projects, this section on	the notification form must be signed when the pro-	ect notification form is submitted to MDPH.					
M	AILING ADDRESSES: (For gu	idelines on how to complete this form	, contact the appropriate MICHIGAN agencies t	elow.)				
	IESHAP, Mail to:	Asbestos Coord. DNR, AQD	NESHAP Projects in Wayne Co.:	U.S. EPA, Region 5				
	0 CFR, Part 61,	Town Center, Ste. B, #200 OR	Wayne Co. Health Dept., APCD AND	AT-18J, Asbestos Coord.				
	Subpart M	333 S. Capitol	640 Temple, Suite 700	77 W. Jackson Blvd.				
	-	Lansing, MI 48933	Detroit, MI 48201	Chicago, IL 60604				
_		<u>-</u> .	·	* * * * * * * * * * * * * * * * * * *				
	Sec. 220(1-4) or (8), Mail to:	MDPH, DOH-ASBESTOS PROGRAM.	•					
	Public Act 135 of	3423 N. Logan/Martin L. King Jr. Blvd	i.					
1	986, as amended	P.O. Box 30195						
		Lansing, MI 48909 (517)	335-9482	•				

PR 5661 (rev. 12/93)



Technical & Transportation Services
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

November 21, 1994

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604 NOV 2 3 1994

AIR TOXICS AND PADIATION
REALING!

Subject: Second Revision of Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the second revision of a notice for the removal of asbestos during renovation at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan, originally submitted on October 19, 1994, first revised November 7, 1994.

If you have any questions or require further information, please contact me at (313) 322-9016.

F. Vitale

Environmental Control Engineer

copy to:

Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195

Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPHUSEONLY	3. ABATEMENT CONTRACTOR Internal Proj. No
Postmark Date: Rec'd Date:	Name: Ford Motor Co Power & Utility Ops.
Ok Send Def Ltr. Date Def Ltr. Sent	Mailing Address: 3001 Miller Rd.
FOLLOW UP: / / Spoke w/:	City/State/Zip: Dearborn, MI 48121
Comments:	Contact F. Vitale Rm 410 Phone: (313) 322-9016
	4. DEMOLITION CONTRACTOR Internal Proj. No.
Notific. No.: Trans. No.:	Name:
	Mailing Address:
Calculate MDPH Asbestos Project Fee:	City/State/Zip:
x 0.01 =	Contact: Phone: ()
(Total Project Cost) (1% Project Fee)	
Contractor License Numbers:	5. FACILITY OWNER Internal Proj. No.
Asbestos Abatement: Building:	Name: Ford Motor Co Power & Utility Ops.
Electrical: Plumbing:	Mailing Address: 3001 Miller Rd.
Mechanical:	City/State/Zip: Dearborn, MI 48121
Licensing Authority:	Contact: F. Vitale Phone: (313) 322-9016
. NOTIFICATION	- Johnson - Thomas O 1 3 7 JAZ-70 10
Date of Notification: 10/19/94	6. FACILITY DESCRIPTION
Date of Revision(s):	
	Location Address: 3001 Milker Read
Please check all that apply:	(see attached map)
Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice	Nearest Major Crossroad: Mt ler & Dix
☐ Emergency Renovation/Encapsulation	City: Dearborn County: Wavne State: MI
NESHAP (DNR/U.S.EPA)	
	Age: TSympresent Use: Partition ix Prior Use: Pour house
Emergency Renovation Scheduled Demolition above cutoff- 10 working days notice. AND	
Scheduled Demolition below cutoff - 10 working days notice	east side of Boiler #3
Ordered Demolition	
2. PROJECT SCHEDULE	7. DISPOSAL SITE
* Renovation: Start Date:	Name: Ford Allen Park Clav Mine Landfill
End Date:	Location Address: 17005 Oakwood Blvd.
+ Asb. Removal: Start Date: 11/194 12/12/94	Location Address: 17005 Oakwood Blvd. City/State/Zir. Dearborn, MI 48101
+ Asb. Removal: Start Date: 11 194 12 12 94	City/State/Zip. Dearborn, MI 48101
+ Asb. Removal: Start Date: 11 194 12 12 94 + Demolition: Start Date: 11 194 12 23 94	City/State/Zip. Dearborn, MI 48101
+ Asb. Removal: Start Date: 11 12 94 End Date: 11 12 23 94 + Demolition: Start Date: End Date:	-8. WASTETRANSPORTER1 - WASTETRANS. 2 Name: Ford Trans. Svcs.
+ Asb. Removal: Start Date: 11 194 12 12 94 End Date: 11 1894 12 23 94 + Demolition: Start Date: Encapsulation: Start Date:	-8. WASTETRANSPORTER1 - WASTETRANS.2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd.
+ Asb. Removal: Start Date: 11 194 12 12 94 + Demolition: Start Date: 11 1894 12 23 94 + Demolition: Start Date: End Date: End Date: End Date: End Date:	-8. WASTETRANSPORTER1 WASTETRANS.2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd. City/State/Zip:Dearborn,MI48121
+ Asb. Removal: Start Date: 11 194 12 12 94 End Date: 11 1894 12 23 94 + Demolition: Start Date: Encapsulation: Start Date:	-8. WASTETRANSPORTER1 WASTETRANS.2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd. City/State/Zip:Dearborn,MI48121
+ Asb. Removal: Start Date: 11 12 12 14 12 13 14 12 13 14 14 12 13 14 14 12 13 14 14 12 13 14 14 12 13 14 14 12 13 14 14 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	City/State/Zip. Dearborn, MI 48101 -8. WASTETRANSPORTER1 WASTETRANS.2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd. City/State/Zip:Dearborn, MI 48121 Phone: () ()
+ Asb. Removal: Start Date: 11 194 12 12 194 End Date: 11 1894 12 23 194 + Demolition: Start Date: End Date: End Date: End Date: End Date: * Includes setup, building containment, etc., but not removing asbestos Work Schedule: Please indicate the anticipated days of the week an work hours for the purpose of scheduling a compliance inspection.	City/State/Zip. Dearborn, MI 48101 - 8. WASTETRANSPORTER1 WASTETRANS. 2 Name: Ford Trans. SVCs. Address: 3001 Miller Rd. City/State/Zip:Dearborn, MI 48121 Phone: () () 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side.
+ Asb. Removal: Start Date: End Date: + Demolition: Start Date: End Date: End Date: End Date: End Date: * Includes setup, building containment, etc., but not removing asbestos Work Schedule: Please indicate the anticipated days of the week an work hours for the purpose of scheduling a compliance inspection. Days of the Week Work Hours	City/State/Zip: Dearborn, MI 48101 - 8. WASTETRANSPORTER1 WASTETRANS. 2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd. City/State/Zip:Dearborn, MI 48121 Phone: () () 9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order
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+ Asb. Removal: Start Date: End Date: + Demolition: Start Date: End Date: End Date: End Date: End Date: End Date: End Date: * Includes setup, building containment, etc., but not removing asbestos Work Schedule: Please indicate the anticipated days of the week an work hours for the purpose of scheduling a compliance inspection. Days of the Week Work Hours Asb. Removal: Demolition: Encapsulation: + Check here if this is a multi-phased project. Be sure to attach a schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc. 10. IS ASBESTOS PRESENT? Yes X No Estimate the amount of asbestos: Include Regulated Asbestos Cor Also include in the right hand two columns below the amount of non-frie	City/State/Zip. Dearborn, MI 48101 - 8. WASTETRANSPORTER1
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* Volume (cubic feet/cubic meter) should be used only if unable to measure by linear or square measure (ex: if asbestos has fallen off surfaces).

a)Renovation: Indicate the surface Piping Fittings Beam(s) Duct(s) Other: (describe)	s RACM will be removed from. Boiler(s) Tank(s) Tunnel(s) Ceiling Tile(s)	Encapsulation (for MDPH): Indicated Piping Fittings Encapsulation (for MDPH): Indicated Piping Fittings Control Piping Fitting Fitting Fittings Control Piping Fitting	ate surfaces to be encapsulated: Boiler(s) Tank(s) Tunnel(s) Ceiling Tile(s)
sections and carefully lower, etc		om the surface (example: glove bag, so ls. cut in sections with minated surfaces.	
- c)Demolition: Describe method of	demolition and indicate if complete of		which part will be demolished.)
	-		•
removal and until proper disposal: containment will be u	Wet methods in conjuntsed. Adequately wet m	controls used to prevent visible emission ction with a full negation aterial to prevent visible that will remain leaktig	ve pressure
asbestos becomes friable (crumbie	d, pulverized, reduced to powder, e	in the event that unexpected RACM is fortic.) and therfore regulated: <u>See Se</u>	ction 12. Appropriate
<u>materials were teste</u>	ribe method: A recent buil	ding survey was conducte light microscopy method,	d and all suspect
5. EMERGENCY RENOVATIONS: Date Description of the sudden, unexpe	cted event:	ent damage and/or an unreasonable fin	ancial burden:
Firm			
available for inspection during non	ind/or during ordered demolition. Ev mal business hours.	idence that the required training has bee	en completed by this person will be
Signature of Owner or Abatement	Contractor Date	Signature of Owner or Demolition Cor	ntractor Date
	ended, clearance air monitoring is required for	inclosures: (required by Michigan any asbestos abatement project involving 10 linear fe been advised by the contractor of my responsibility un Signature of Asbestos Abatement Contractor Rep	et/15 square feet or more of friable material nder Act 135 to have clearance air monitoring
NOTE: For affected projects, this section on	the notification form must be signed when the p	roject notification form is submitted to MDPH.	
MAILING ADDRESSES: (For gu NESHAP, Mailto: 40 CFR, Part 61, Subpart M	ridelines on how to complete this for Asbestos Coord, DNR, AQD	· <u>·</u>	gencies below.) U.S. EPA, Region 5 AND AT-18J, Asbestos Coord. 77 W. Jackson Blvd. Chicago, IL 60604
Sec. 220(1-4) or (8), Mail to: Public Act 135 of 1986, as amended	MDPH, DOH-ASBESTOS PROGRAM 3423 N. Logan/Martin L. King Jr. Bl P.O. Box 30195	vi.	

R 5661 (rev. 12/93)



AIR AND RADITORNServices
Power and Utility Operations
3001 Miller Road
Dearborn, Michigan 48121

Body & Assembly Operations

October 19, 1994

U.S. EPA, Region 5 AT-18J, Asbestos Coordinator 77 W. Jackson Blvd. Chicago, Illinois 60604

Subject: Notification of Intent to Remove Asbestos During a Renovation Project

We are providing information related to the removal of asbestos during two renovations at the Powerhouse in the Ford Motor Company Rouge Manufacturing Complex at 3001 Miller Road, Dearborn, Michigan.

If you have any questions or require further information, please contact me at (313) 322-9016.

Fřed Vitale

Environmental Control Engineer

copy to: Wayne County Health Dept., APCD

640 Temple, Suite 700 Detroit, MI 48201

MDPH - Asbestos Program

3423 N. Logan/Martin L. King Jr. Blvd.

P.O. Box 30195 Lansing, MI 48909

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPHUSE ONLY Postmark Date: Rec'd Date: Ok Send Def Ltr. Date Def Ltr. Sent: FOLLOW UP: / / Spoke w/: Comments: Notific. No.: Trans. No.: Calculate MDPH Asbestos Project Fee: x 0.01 =	3. ABATEMENT CONTRACTOR Internal Proj. No. Name: Ford Motor Co Power & Utility Ops. Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121 Contact: F.Vitale Rm 410 Phone: (313) 322-9016 4. DEMOLITION CONTRACTOR Internal Proj. No. Name: Mailing Address: City/State/Zip: Contact: Phone: ()
(Total Project Cost) (1% Project Fee) Contractor License Numbers: Asbestos Abatement: Building: Plumbing: Plumbing: Licensing Authority: 1. NOTIFICATION	5. FACILITY OWNER Name: Ford Motor Co Power & Utility Ops. Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121 Contact: F. Vitale Phone: (313) 322-9016
Date of Notification: 10 9 9 10 10 10 10 10 1	6. FACILITY DESCRIPTION Facility Name (or Number): Power house No-1 Location Address: 300) Milker Road (See attached map Nearest Major Crossroad: MIIler & Dix City: Dearborn County: Wayne State: MI Size: (sq. ft.) 282 000 No. of Floors: Theor No.: 301 Age: TSy-Present Use: Powerhouse Prior Use: Powerhouse Specific Location(s) Within Facility: 301 floor, Balcory Cost Side of Boiler #3
2. PROJECT SCHEDULE * Renovation: Start Date: End Date: + Asb. Removal: Start Date: 11) 194	7. DISPOSALSITE Name: Ford Allen Park Clay Mine Landfill Location Address: 17005 Oakwood Blvd. City/State/Zir Dearborn, MI 48101
# Demolition: Start Date: End Date: End Date: End Date: Encapsulation: Start Date: End Date: * Includes setup, building containment, etc., but not removing asbestos	8. WASTETRANSPORTER1 WASTETRANS.2 Name: Ford Trans. Svcs. Address: 3001 Miller Rd. City/State/Zip:Dearborn,MI48121 Phone:() ()
Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection. Days of the Week Work Hours Asb. Removal: 100 - 70 8 m - 4 pm Demolition: Encapsulation: + Check here if this is a multi-phased project. Be sure to attach a	9. ORDERED DEMOLITIONS: (See guidelines, obtainable by contacting DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order must accompany this notification.) Include the following information: Gov't Agency Ordering Demo: Name/Title of Person Signing Order:
schedule showing the start and end dates of each phase and indicate if it is for asbestos removal, demolition, etc. 10. IS ASBESTOS PRESENT? Yes X No	Date of Order: Date Ordered to Begin:
Also include in the right hand two columns below the amount of non-friab	aining Material (RACM) to be removed, disturbed, and/or encapsulated, etc. le Cat. I and/or Cat. Il ACM that will not be removed prior to demolition. ble ACM not removed before Demo.
Removed Encapsulated C	Category I Category II Unit of Measure Ln. Ft. Ln. M. Sq. Ft. Sq. M. Cu. Ft* Cu. M.*

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11.	PROJECT DESCRIPTION a)Renovation: Indicate the surfaces RACM will be removed from. Piping Fittings Boiler(s) Tank(s) Beam(s) Duct(s) Tunnel(s) Ceiling Tile(s) Other: (describe) Other: (describe)
-	b)Method of removal: Describe how the asbestos will be removed from the surface (example: glove bag, scrape with hand tools, cut in sections and carefully lower, etc.): Scrape with hand tools, cut in sections with hand tools and carefully lower, wet wipe and vacuum contaminated surfaces.
~	
	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.
42	INEXPECTED ACRESTOR. Describe exceeding that will be followed in the event that was rested DACM is found as applicable
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: See Section 12. Appropriate
	agencies will be re-notified if theamount of unexpected asbestos found is at least
	20% different than previously reported.
14.	PROCEDURE(s) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency: Description of the sudden, unexpected event:
	· ·
	Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
16.	I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours.
1	Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date
17.	
1	Signature of Building Owner or Lessee Signature of Asbestos Abatement Contractor Representative
1	
	NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.
N 4	ALLING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.) IESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5 O CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord. Subpart M 333 S. Capitol 640 Temple, Suite 700 77 W. Jackson Blvd. Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604
P	Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM. Public Act 135 of 3423 N. Logan/Martin L. King Jr. Blvd. 986, as amended P.O. Box 30195 Lansing, ML 48909 (517) 335-9482

PR 5661 (rev. 12/93)

MI DEPT. OF NATURAL RESOURCES (MDNR), AIR QUALITY DIV., NESHAP, 40 CFR Part 61, Subpart M (\$25,000 penalty per day per violation for failure to comply)

MI DEPT. OF PUBLIC HEALTH (MDPH), ASBESTOS PROGRAM P.A. 135 OF 1986, as amended, Section 220(1-4) or (8)

DNR/MDPHUSEONLY	3. ABATEMENT CONTRACTOR Internal Proj. No.
Postmark Date: Rec'd Date:	Name: Ford Motor Co Power & Utility Ops.
Ok Send Def Ltr. Date Def Ltr. Sent:	Mailing Address: 3001 Miller Rd.
FOLLOW UP:/ Spoke w/:	City/State/Zip: Dearborn, MI 48121
Comments:	Contact: F.Vitale Rm 410 Phone: (313) 322-9016
	4. DEMOLITION CONTRACTOR Internal Proj. No.
Notific. No.: Trans. No.:	Name:
Calculate MDPH Asbestos Project Fee:	Mailing Address:
	City/State/Zip:
(Total Project Cost) x 0.01 = (1% Project Fee)	Contact: Phone: ()
	F. FACILITY CHARTED
Contractor License Numbers: Asbestos Abatement: Building:	5. FACILITY OWNER Internal Proj. No. Name: Ford Motor Co Power & Utility Ops.
Electrical: Plumbing:	
Mechanical:	Mailing Address: 3001 Miller Rd. City/State/Zip: Dearborn, MI 48121
Licensing Authority:	Contact: F. Vitale Phone: (313) 322-9016
1. NOTIFICATION	Priorie. (313) 322-3016
Date of Notification: 10 19 9 4 Date of Revision(s):	6. FACILITY DESCRIPTION
Date of Revision(s): Notification Type: Original Revised Cancelled Annual	Facility Name (or Number): Powerhouse No.1
	Location Address: 300) Miller Road
Please check all that apply:	(see attached map)
MDPH [⊠] Demo, Reno, Encap. (>10 Ln. ft/15 Sq. ft) 10-day notice	Nearest Major Crossroad: Miller & Dix
Emergency Renovation/Encapsulation	City: <u>Dearborn</u> County: <u>Wayne</u> State: <u>MI</u>
NESHAP (DNR/U.S.EPA)	Size: (sq. ft.) 252,000 No. of Floors: 7 Floor No.: 201
Planned Renovation 10 working days notice	Age: 75 Present Use: Power house Prior Use: Power house
 Emergency Renovation Scheduled Demolition above cutoff- 10 working days notice 	Specific Location(s) Within Facility: \$5 generator
Scheduled Demolition below cutoff - 10 working days notice	back stop valve
Ordered Demolition	*
2. PROJECTSCHEDULE	7. DISPOSALSITE
* Renovation: Start Date:	Name: Ford Allen Park Clay Mine Landfill
End Date:	Location Address: 17005 Oakwood Blvd.
+ Asb. Removal: Start Date:	City/State/Zir Dearborn, MI 48101
End Date: 11) 7 94	8. WASTETRANSPORTER1 WASTE TRANS. 2
+ Demolition: Start Date:	Name: Ford Trans. Svcs.
End Date:	Address: 3001 Miller Rd.
Encapsulation: Start Date:	
End Date:	City/State/Zip:Dearborn,MI48121 Phone: () ()
* Includes setup, building containment, etc., but not removing asbestos	
Work Schedule: Please indicate the anticipated days of the week and work hours for the purpose of scheduling a compliance inspection.	1 3. ORDERED DEMOEFICING, 1366 UDGENIES, Obtainable by Contacting
Days of the Week Work Hours	- DNR or WCAPCD at the addresses listed on the reverse side, for NESHAP definition of "Ordered Demolition." A copy of the order
Asb. Removal: Mon-FM 8 am - 4 pm Demolition:	must accompany this notification.) Include the following information:
Demolition:	The state of the s
Encapsulation:	Gov't Agency Ordering Demo:
+ Check here if this is a multi-phased project. Be sure to attach a	Name/Title of Person Signing Order:
schedule showing the start and end dates of each phase and	Date of Order
indicate if it is for asbestos removal, demolition, etc.	Date of Order: Date Ordered to Begin:
10. IS ASBESTOS PRESENT? Yes X No	
Estimate the amount of asbestos: Include Regulated Asbestos Cont Also include in the right hand two columns below the amount of non-friab	aining Material (RACM) to be removed, disturbed, and/or encapsulated, etc.
	tble ACM not removed before Demo. Category ! Category ! Unit of Measure
80	
]	
	Cu. Ft* Cu. M.*

NOTIFICATION OF INTENT TO RENOVATE OR DEMOLISH (continued)

11.	a)Renovation: Indicate the surfaces RACM will be removed from. Piping
	c)Demolition: Describe method of demolition and indicate if complete or partial demolition (If partial, describe which part will be demolished.)
12.	ENGINEERING CONTROLS: Describe work practices and engineering controls used to prevent visible emissions before, during, and after removal and until proper disposal: Wet methods in conjunction with a full negative pressure containment will be used. Adequately wet material to prevent visible emissions and place wet material in leaktight containers that will remain leaktight until landfilled.
13.	UNEXPECTED ASBESTOS: Describe procedures that will be followed in the event that unexpected RACM is found or previously non-friable asbestos becomes friable (crumbled, pulverized, reduced to powder, etc.) and therfore regulated: See Section 12. Appropriate agencies will be re-notified if theamount of unexpected asbestos found is at least 20% different than previously reported.
14.	PROCEDURE(S) USED TO DETECT THE PRESENCE OF ASBESTOS: Indicate how you determined whether or not asbestos is in the facility. If analytical sampling was used, describe method: A recent building survey was conducted and all suspect materials were tested using the polarized light microscopy method, material is assumed to contain asbestos and is considered to be RACM.
15.	EMERGENCY RENOVATIONS: Date and hour of the emergency: Description of the sudden, unexpected event: Explain how the event caused unsafe conditions, would cause equipment damage and/or an unreasonable financial burden:
16.	I certify that an individual trained in the provisions of 40 CFR Part 61, Subpart M, will be on-site during the renovation and during demolition involving RACM above the cutoff and/or during ordered demolition. Evidence that the required training has been completed by this person will be available for inspection during normal business hours. Signature of Owner or Abatement Contractor Date Signature of Owner or Demolition Contractor Date
17.	Signature Requirements for Projects with Negative Pressure Enclosures: (required by Michigan Dept. of Public Health) Persection 221 (1)(2) of P.A. 135 of 1986, as amended, clearance air monitoring is required for any asbestos abatement project involving 10 linear feet/15 square feet or more of friable material which is performed within a negative pressure enclosure. I (the building owner or lessee) have been advised by the contractor of my responsibility under Act 135 to have clearance air monitoring performed on this project. Signature of Building Owner or Lessee Signature of Asbestos Abatement Contractor Representative NOTE: For affected projects, this section on the notification form must be signed when the project notification form is submitted to MDPH.
1	AILING ADDRESSES: (For guidelines on how to complete this form, contact the appropriate MICHIGAN agencies below.) NESHAP, Mail to: Asbestos Coord. DNR, AQD NESHAP Projects in Wayne Co.: U.S. EPA, Region 5 10 CFR, Part 61, Town Center, Ste. B, #200 OR Wayne Co. Health Dept., APCD AND AT-18J, Asbestos Coord. Subpart M 333 S. Capitol 640 Temple, Suite 700 77 W. Jackson Bivd. Lansing, MI 48933 Detroit, MI 48201 Chicago, IL 60604
F	Sec. 220(1-4) or (8), Mail to: MDPH, DOH-ASBESTOS PROGRAM. Public Act 135 of 3423 N. Logan/Martin L. King Jr. Blvd. 1986, as amended P.O. Box 30195 Lansing MI 48909 (517) 335-9482

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